

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HZ181485**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

| OFFICER INFORMATION | | INCIDENT INFORMATION | |
|--|-----------------------------------|---|--|
| NAME (LAST - FIRST - M.I.) THEDFORD, CHRISTOPH A | | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR | |
| STAR NO. 14940 | POSITION POLICE OFFICER | ADDRESS OF OCCURRENCE 5515 N NEENAH AVE | |
| DATE OF APPOINTMENT 06-FEB-1995 | EMPLOYEE NO. [REDACTED] | CITY <input checked="" type="checkbox"/> CHICAGO | STATE (If outside Chicago) [REDACTED] |
| UNIT OF ASSIGNMENT 153 | BEAT/CALL NO. 4609 | LOCATION CODE 304-STREET | BEAT OF OCCURRENCE 1613 |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE WHITE | DOB [REDACTED] | DATE OF OCCURRENCE 10-MAR-2016 |
| HEIGHT 511 | WEIGHT 160 | TIME 05:45:00 | DAY OF WEEK THURSDAY |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input checked="" type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER</div><div>WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____</div></div> | | NO. OF OFFICERS BATTERED <u>1</u> | |
| | | WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input checked="" type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? _____ | |
| TYPE OF ACTIVITY <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input checked="" type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER</div></div> | | MANNER OF ATTACK <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)</div></div> | |
| | | | |
| TYPE OF INJURY TO OFFICER <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE</div></div> | | OFFENDER INFORMATION | |
| | | SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F | |
| LIGHTING CONDITIONS AT INCIDENT <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> C. DAWN</div><div><input type="checkbox"/> D. DUSK <input type="checkbox"/> E. ARTIFICIAL LIGHT <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD</div></div></div></div> | | WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN</div><div><input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN</div></div> NO. OF OFFENDERS PRESENT? <u>2</u> | |
| | | WEATHER CONDITIONS <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW</div><div><input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND</div><div><input type="checkbox"/> G. OTHER</div></div> APPROXIMATE OUTDOOR TEMPERATURE: 48°F | |

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
THEDFORD, CHRISTOPH A

STAR NO.
14940

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
STAPLES, MELISSA A 419